

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER 01-32	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: October 1, 2001	

5. TYPE OF PLAN MATERIAL (Check One)

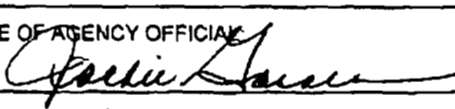
☐ NEW STATE PLAN☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT a. FFY 02 \$ 0 b. FFY 01 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to attachment 3.1A Page 9 Appendix to attachment 3.1B Pages 9 and 10	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Appendix to attachment 3.1A Page 9 Appendix to attachment 3.1B Pages 9 and 10

10. SUBJECT OF AMENDMENT:

Therapies

11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval.
12. SIGNATURE OF AGENCY OFFICIAL 	16. RETURN TO: ILLINOIS DEPARTMENT OF PUBLIC AID 201 SOUTH GRAND AVENUE, EAST SPRINGFIELD, IL. 62763-0001 ATTENTION: John Rupcich
13. TYPED NAME: Jackie Garner	
14. TITLE: DIRECTOR	
15. DATE SUBMITTED	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 12/18/01	18. DATE APPROVED: 12/18/01
19. APPROVED: ONE COPY ATTACHED	
20. EFFECTIVE DATE OF APPROVED MATERIAL	21. SIGNATURE OF REGIONAL OFFICIAL 
22. TYPED NAME: Cheryl A. Harris	23. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health
24. REMARKS	

RECEIVED

DEC 18 2001

DMCH/MPC

Appendix to
Attachment 3.1-A
Page 9

State ILLINOIS

11a. PHYSICAL THERAPY

10/01 Services are prescribed by a physician and provided by ~~or under the direction of~~ a qualified physical therapist as defined in 42 CFR 440.110(a). In most cases, prior approval is required unless client is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

11b. OCCUPATIONAL THERAPY

10/01 Services are prescribed by a physician and provided by ~~or under the direction of~~ a qualified occupational therapist as defined in 42 CFR 440.110 (b). In most cases, prior approval is required unless client is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

11c. SPEECH, HEARING AND LANGUAGE

10/01 Services are referred by a physician and provided by ~~or under the direction of~~ a speech pathologist or audiologist as defined 42 CFR 440.110 (c). In most cases, prior approval is required unless client is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

TN # 01-32 APPROVAL DATE JAN 01 2002 EFFECTIVE DATE 10-01-01

SUPERSEDES

TN # 94-27

Appendix to
Attachment 3.1-B
Page 9

State ILLINOIS

7/99 The following limitations on certain services and procedures apply in all cases for all individuals (except for individuals under the EPSDT program):

- Full mouth series of x-rays are covered only once every three years.
- Polycarbonate crowns are covered; acrylic are not.
- 01/92 ◦ Complete or partial set of dentures (if necessary) are allowable only once every five years.
- Bridgework is allowable only once in five years.
- 7/99 ◦ Coverage of root canals and apicoectomy procedures except for individuals under the EPSDT program is covered for anterior teeth, bicusps and first molars only.
- Coverage of orthodontia is limited to cases which present a severe handicapping malocclusion or a handicapping dentofacial deformity. All orthodontia requires prior approval.

Services beyond the above listed services and limitations are available to EPSDT recipients based on the determination of medical necessity.

11a. PHYSICAL THERAPY

10/01 Services are prescribed by a physician and provided by ~~or under the direction of a~~ qualified physical therapist as defined in 42 CFR 440.110(a). In most cases, prior approval is required unless recipient is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to EPSDT recipients.

TN # 01-32
SUPERSEDES
TN # 99-6

APPROVAL DATE 10-10-99 EFFECTIVE DATE 10-1-01

Appendix to
Attachment 3.1-B
Page 10

State ILLINOIS

11b. OCCUPATIONAL THERAPY

- 10/01 Services are prescribed by a physician and provided by ~~or under the direction of~~ a qualified occupational therapist as defined in 42 CFR 440.110(b). In most cases, prior approval is required unless the client is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

11c. SPEECH, HEARING AND LANGUAGE

- 10/01 Services are referred by a physician and provided by ~~or under the direction of~~ a speech pathologist or audiologist as defined in 42 CFR 440.110(c). In most cases, prior approval is required unless the client is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

12a. PRESCRIBED DRUGS

Illinois shall provide coverage for covered outpatient drugs within the meaning of Section 1927(k) of Title XIX of the Social Security Act of any manufacturer which has entered into and complies with a rebate agreement with the federal Health Care Financing Administration. The drugs listed in the Department's formulary are covered without prior approval when prescribed by a physician licensed to practice medicine in all its branches or a licensed podiatrist or dentist within the scope of their practice. Providers may request prior approval for other items subject to the medical necessity of the client and the issuance of a valid prescription or medication order by the prescriber.

The following drugs or classes of drugs are excluded from coverage: anorexia and weight gain/loss drugs, agents used to promote fertility, agents for cosmetic purposes or hair growth, most vitamins except prenatal vitamins for pregnant women and fluoride preparations, smoking cessation products, most OTC products, DESI-ineffective products, toiletries, personal care items, oral antiseptics, dentifrices, contact lens supplies and investigational drugs.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

TN # 01-32 APPROVAL DATE ~~01-01-00~~ EFFECTIVE DATE 10-01-01
SUPERSEDES
TN # 94-27